

## Town of Walpole Water & Sewer Department 508-660-7308

## <u>2024</u> Septic Waste Disposal Permit

Permit #
Date Recd:
Permit Expiration Date:
Board of Health Approval Date:
**For Office Use Only

License Fee: \$125 Per Truck Per Calendar Year (Payable to "The Town Of Walpole")

Mail to:	Water &	& Sewer D	epartment.	135 School	Street.	Walp	ole MA	02081

Name of Business	:		Contact Name:				
Name of Person to	Receive Permit:						
Business Address:			(	City:	State:	_ Zip:	
Billing Address:_			(	City:	State:	_Zip:	
Contact Phone Nu	mber:		Contac	ct Email:			
Number of Vel	hicles	@ \$125.00		<b>Total Amount</b>	Due:		
License Plate #	Vehicle ID #	Make	Year	Cab/Tank Color	Capacity	Truck MWRA Permit #	
INSURANCE REQU	JIREMENTS (Cert	ificates must be subr		r with the above inform		ional vehicles***	
2.	Workman's Comp Bodily Injury Insu- hauler in the amoun same limit for each	ensation Insurance a rance covering the op t of at least \$250,000 person in the amount	peration of regist for injuries included of not less than	Iassachusetts general L tered motor vehicles whuding accidental death \$500,000 on account o	hether owned, leas to any one person a f any one accident	and subject to the	
	the hauler in an amo	ount not less than \$500	0,000.	registered motor vehicle ring bodily injuries and			
5.		sachusetts laws rega	rding septic ha	ulers will apply.			
**I have read and	agree to the attac	hed Sewer and W	ater Commiss	sioners Current Rul	es and Regulati	ons	
**Signed:							

\*\*Print Name:\_\_\_\_\_\*\*Phone: \_\_\_\_\_